



DQA:

Date:



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date:

Work Order update only 

Work Order: _____ Part No. _____ NCR No. _____				<b>DISPOSITION</b>		<b>AGAINST DEPARTMENT/PROCESS</b>									
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector				
Design Doc/Data Equip/Tooling Handling/Pre Material Operator Offset/Setup Process Supplier Training Transport Unapproved															
FAULT CATEGORY															
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b>			<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function			<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence			<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge			<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

**Work Order ID 110958**

January-08-14 12:41:58 PM

**\*110958\***

Page 2

**Item ID:** D3595-063-395

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

**Revision ID:**

**Item Name:** Rubber Cushion

Stop

**\*NS2\***

**Start Date:** 1/07/14      **Start Qty:** 50.00

**\*50\***

**Cust Item ID:**

**Required Date:** 1/08/14      **Req'd Qty:** 50.00

**\*50\***

**Customer:**

**Reference:**

**Approvals:**

**Process Plan:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Tooling:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Run Start

**\*NR1\***

**QC:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SPC (Y/N):** \_\_\_\_\_

**Date:** \_\_\_\_\_

Stop

**\*NR2\***

**Sequence ID/  
Work Center ID**

**Operation  
Description**

**Set Up/  
Run Hours**

**Tool ID**

**Tool #**

**Plan  
Code**

**Accept  
Qty**

**Reject  
Qty**

**Reject  
Number**

**Insp.  
Stamp**

130

Identify as per dwg & Stock Location: X-tube

0.00

**\*130\***

Packaging

Packaging

Ass'y

0.00

50

WML 14-02-24

140

QC21- Final Inspection - Work Order Release

0.00

**\*140\***

QC

Quality Control

Memo

0.00

PL 14-02-24

DP 14-02-24

DQA:

Date:



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			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>																															
Part No. _____																																						
NCR No. _____																																						
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector																													
Design <input type="checkbox"/>																																						
Doc/Data <input type="checkbox"/>																																						
Equip/Tooling <input type="checkbox"/>																																						
Handling/Pre <input type="checkbox"/>																																						
Material <input type="checkbox"/>																																						
Operator <input type="checkbox"/>																																						
Offset/Setup <input type="checkbox"/>																																						
Process <input type="checkbox"/>																																						
Supplier <input type="checkbox"/>																																						
Training <input type="checkbox"/>																																						
Transport <input type="checkbox"/>																																						
Unapproved <input type="checkbox"/>																																						
FAULT CATEGORY																																						
Landing Gear			General																																			
Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Centre Not Concentric <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Cracks <input type="checkbox"/>	Broken/Damage/Defect <input type="checkbox"/>	Crimp/Kink/Ripple/Wave <input type="checkbox"/>	Burrs <input type="checkbox"/>	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Crushing <input type="checkbox"/>	Heat Treat <input type="checkbox"/>	Inspection Strip in Tube <input type="checkbox"/>	Marks/Chatter <input type="checkbox"/>	Turning Sequence <input type="checkbox"/>	Wave/Twist in Tube <input type="checkbox"/>	Folio/Program <input type="checkbox"/>	Grain <input type="checkbox"/>	Hardware <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Misread <input type="checkbox"/>	Off-set <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Pressure/Forced Set-up <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>	Weld <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>	Other <input type="checkbox"/>

# Picklist Print

January-08-14 12:41:57 PM

Page 1

Work Order ID: 110958

Parent Item: D3595-063-395

Start Date: 1/07/14

Required Date: 1/08/14

Parent Item Name: Rubber Cushion

Start Qty: 50.00

Required Qty: 50.00

Comments: IPP Rev:A 10.11.03 as per dwg revA DD verf:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

D3595 Rubber Cushion (\$ Per Sq Ft)		Manufactured	No			100	sf	531.7004	0.0196	1.03158 1.5			JM/11-02-121
--	--	--------------	----	--	--	-----	----	----------	--------	----------------	--	--	--------------

Location	Loc Qty	Loc Code
MAT052	531.7004	
68954	23.707	
84209	12.4134	
94539	495.58	94539

DQA:

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			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
Suspected Unapproved <input type="checkbox"/>			Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											
FAULT CATEGORY											
Landing Gear			General								
Bending	Bend <input type="checkbox"/>	Folio/Program <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>							
Centre Not Concentric	BOM/Route <input type="checkbox"/>	Grain <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Set-up <input type="checkbox"/>							
Cracks	Broken/Damage/Defect <input type="checkbox"/>	Hardware <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>							
Crimp/Kink/Ripple/Wave	Burrs <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Weld <input type="checkbox"/>							
Cuffs	Contamination <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>							
Crushing	Countersink <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>								
Heat Treat	Cut Too Short <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>							
Inspection Strip in Tube	Drawing <input type="checkbox"/>	Misread <input type="checkbox"/>									
Marks/Chatter	Drill Holes <input type="checkbox"/>	Off-set <input type="checkbox"/>									
Turning Sequence	Finish <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>									
Wave/Twist in Tube	Fit/Function <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>									

DART AEROSPACE LTD	Work Order:	110958
Description: Rubber Cushion	Part Number:	D3595-063-395
Inspection Dwg: D3595      Rev: A		Page 1 of 1

# FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	Jm	Audited by:	✓	Preliminary Approval:	
Date:	14-02-21	Date:	14-02-24	Date:	

Rev	Date	Change	Revised by	Approved
A	08.01.23	New Issue	KJ/EC/DD	

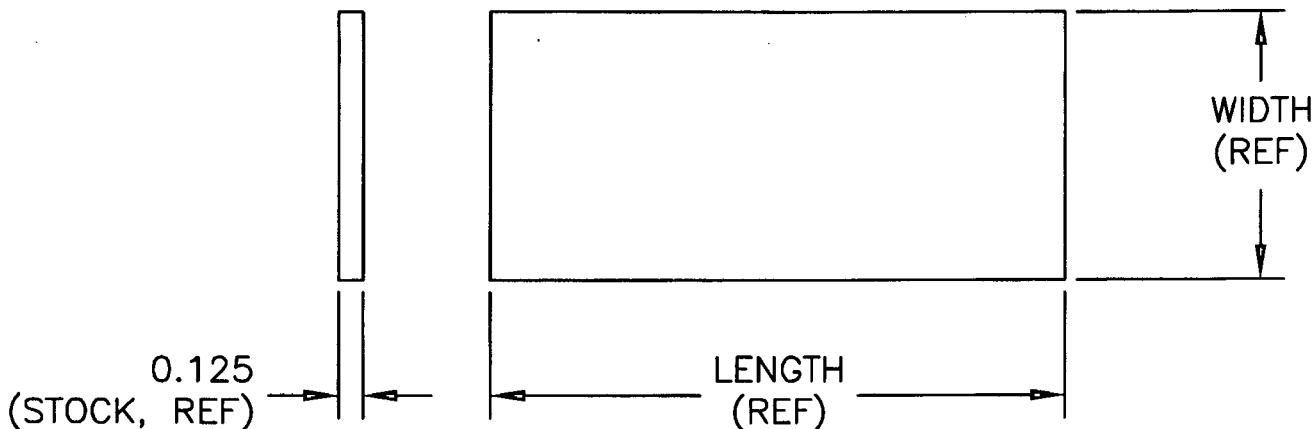


DESIGN <i>PH</i>	DRAWN BY <i>PH</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA		
CHECKED <i>[initials]</i>	APPROVED <i>[initials]</i>	DRAWING NO. D3595	REV. A	SHEET 1 OF 1
DATE 07.02.07		TITLE RUBBER CUSHION	SCALE	NTS
A	07.02.07	NEW ISSUE		

RELEASED

07.02.14 *[initials]*

## SPECIFICATION CONTROL DRAWING



SPECIFICATION: D3595-XXX-YYY RUBBER CUSHION

WIDTH                    LENGTH

1109158 NP  
14-01-10

EG: 0.75"x4.30" RUBBER CUSHION = D3595-075-430

### NOTES

- 1) MATERIAL: BLACK NEOPRENE SHEET, 0.125 THICK,  
80 DUROMETER (REF DART SPEC. M-NEO80-S.125)
- 2) FINISH: NONE
- 3) ALL DIMENSIONS ARE IN INCHES
- 4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED

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